Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	09-27-2010	Address:	30 East New Albany
Case #:	<u>35-31079</u>		Vincennes, IN 47591
County:	<u>Knox</u>		
Type of Laboratory Seizure (check one) S		Scizure Location (check all that apply)	
Chemica	onal Lab al/Glassware/Equipment (only) te (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
(check all th	<u>id: Location (bedroom, kitchen, open air</u> at apply) /Ammonia Reaction(s);	r, etc)	
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: Northwest bedroom			
Water Reactive Metal (Lithium):			
Anhydro	ous Ammonia;		
☐ Hydrochloric Acid Gas Generator(s): Northwest bedroom			
Corrosive Acid: bathroom			
Corrosive Base:			
Other (it	em and location):		
∐ Yes ⊠ No	r age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrine	• Information •/Pscudocphedrine Tracking Log erchant Tip —
This report	is to be faxed to the following agen	<u>cies th</u> at serve t <u>he</u> k	eation:
Fi r e Departi	Department: Vincennes FD Fax:		
Health Department: Knox County HD		Fax: <u>812-</u> 8; Fax: <u>812-8</u> ;	
Child Protec	etion Service: Knox County CPS	1 un. 51 <u>2-01</u>	reader that back
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>RYAN M. JOHNSON</u> Phone <u>812-867-2079</u>			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.